**ANEXO I - Plano de Estudos**

Nome do(a) candidato(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Qual é sua motivação para realizar este curso? Como ele beneficiará na sua qualificação?**

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**2. Qual é sua experiência em Educação a Distância?**

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**3. Qual é a sua experiência no uso de tecnologias na Educação?**

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**4. Minha disponibilidade semanal para realização do curso:**

|  |  |
| --- | --- |
| **Dia da Semana** | **Horários que irei reservar para realizar as atividades do curso conforme a carga-horária disposta (ex: das 18hs às 22h30)** |
| Segundas-feiras |  |
| Terças-feiras |  |
| Quartas-feiras |  |
| Quintas-feiras |  |
| Sextas-feiras |  |
| Sábado |  |
| Domingo |  |

**5. Como você vê sua postura em um curso?**

( ) Prefiro eu mesmo conduzir minhas escolhas, sou mais autônomo e autodidata.

( ) Prefiro quando o professor me guia nas atividades.

**6. Informações adicionais que você queira compartilhar com a coordenação do curso:**

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Assinatura do(a) candidato(a)

**ANEXO II - Recurso**

Nome do candidato (a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome do curso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recurso para: **Homologação da inscrição**

Justificativa do(a) candidato(a) - Razões da solicitação do recurso:

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Documentos anexados. Relacionar possíveis documentos anexados ao recurso.

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Obs.: Imprimir este formulário, preencher com letra de forma, assinar, digitalizar e enviar para o endereço eletrônico: prof.ead.ifrs@gmail.com.

Data: \_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_

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Assinatura do(a) candidato(a)